

Rural Health Care Pilot Program Quarterly Data Report Requirements

APPENDIX D – Pages 73-75 of Federal Communications Commission FCC 07-198

Illinois Rural HealthNet

RHCPP Quarterly Report for December 31, 2011

1. Project Contact and Coordination Information

- a. Identify the project leader(s) and respective business affiliations.

Alan Kraus
Project Coordinator
Illinois Rural HealthNet
Executive Director
Broadband Development Group
Northern Illinois University

- b. Provide a complete address for postal delivery and the telephone, fax, and e-mail address for the responsible administrative official.

1120 E. Diehl Road, Suite 140
Naperville, IL 60563
815-753-8945
Fax 815-753-8940
akraus@niu.edu

- c. Identify the organization that is legally and financially responsible for the conduct of activities supported by the award.

Illinois Rural HealthNet (Federal 501(c)(3), State of Illinois Not for Profit Corporation)

- d. Explain how project is being coordinated throughout the state or region.

The IRHN consists of the following active member organizations/hospitals at this time:

- Northern Illinois University
- Illinois Critical Access Hospital Network (ICAHN)
- Tri-Rivers Health Network

- Metropolitan Research and Education Network (MREN)
- Carle Foundation Hospital
- Freeport Memorial Hospital, Freeport
- FHN Family Healthcare Center, Freeport
- John and Mary E. Kirby Hospital, Monticello
- Swedish American Hospital, Rockford
- Swedish American Medical Group, Belvidere
- Blessings Hospital, Quincy
- CGH Medical Center, Sterling
- Hillsboro Area Hospital, Hillsboro
- Hospital Sisters Health System
 - St. John's Hospital, Springfield
 - St. Anthony's Memorial Hospital, Effingham
 - St. Francis Hospital, Litchfield
 - Clinton County Rural Health Clinic, Germantown
 - St. Elizabeth's Hospital, Belleville
 - St. Joseph's Hospital, Breese
 - St. Joseph's Hospital, Highland
 - St. Mary's Hospital, Decatur
 - St. Mary's Hospital, Streator
- Illini Community Hospital, Pittsfield
- Clinical Radiologists, Springfield
- Starlight POP, Chicago
- Tucker POP, St. Louis
- Katherine Shaw Bethea, Dixon
- Memorial Hospital, Carthage (ICAHN)
- Rochelle Community Hospital, Rochelle (ICAHN)
- Crawford Memorial Hospital, Robinson (ICAHN)
- Mercer County Hospital, Aledo (ICAHN)
- Dr. John Warner Hospital (ICAHN)
- Lawrence County Memorial Hospital, Lawrenceville (ICAHN)
- Passavant Area Hospital
- Gibson Area Hospital (ICAHN)
 - Paxton Clinic (ICAHN)
- Carle Foundation Hospital, Urbana
 - Carle Clinic, Tuscola
 - Carle Clinic, Danville Fairchild
 - Carle Clinic, Danville Vermilion
 - Carle Clinic, Rantoul
 - Carle Clinic, Mahomet
 - Carle Clinic, Monticello
 - Carle Physician Services, Mattoon
 - Carle Clinic, Effingham

The IRHN is committed to adding new organizations and hospitals, and has been actively working with various entities within the State of Illinois toward that end.

An Executive Committee has been established, in addition to five standing subcommittees, to coordinate the implementation of the IRHN. The five subcommittees are:

- Medical and Health Applications
- Education and Outreach
- Technology
- Sustainability
- Management and Organization

The Executive Committee has been renamed the Board of Directors, and consists of:

- Pat Schou, Executive Director, Illinois Critical Access Hospital Network
- Laura Zaremba, State of Illinois H.I.E. Coordinator
- Dr. Charles Neal, Director, Springfield Radiological
- John Lewis, Associate Vice President, Northern Illinois University Outreach
- Roger Holloway, Executive Director of Rural Health Resource Services, NIU
- Alan Kraus, Executive Director, Broadband Development Group, NIU

The network will consist of fiber backbone and some fiber laterals, combined with point to point wireless/wireline connectivity to link locations where use of fiber is not cost effective.

Additional information is available at our website: www.illinoisruralhealthnet.org

2. Identify all health care facilities included in the network.

- a. Provide address (including county), zip code, Rural Urban Commuting Area (RUCA) code (including primary and secondary), six-digit census tract, and phone number for each health care facility participating in the network. *Please see listings below.*
- b.
 - i. All of the locations listed are public;
 - ii. All of the locations listed are not-for-profit;
 - iii. To the best of our knowledge at this time, all of the health care facilities are eligible health care providers, as defined in Paragraph 18 of the Rural Health Care Pilot Program Order. All of our locations are either:
 - Post-secondary educational institutions offering health care instruction, teaching hospitals, and medical schools;
 - Community mental health centers;
 - Not-for-profit hospitals;
 - Rural health clinics;
 - Consortia of health care providers.

Specific designations for entities are inserted following their listing below:

<i>Facility/ Phone Number</i>	<i>Address</i>	<i>City/ County</i>	<i>ZIP</i>	<i>RUCA/ Census Tract</i>
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ILLINOIS CRITICAL ACCESS HOSPITAL NETWORK (ICAHN)

1.	Thomas H. Boyd Memorial Hospital 217-942-6846 9740.00	800 School St.	Carrollton Greene	62016	10.6
2.	John and Mary E. Kirby Hospital 217-762-2115 9546.00	1111 N. State	Monticello Pratt	61856	7.1
3.	Galena-Stauss Hospital 815-777-1340 0203.00	215 Summit St.	Galena Jo Daviess	61036	7.3
4.	Dr. John Warner Hospital 217-935-9571 9717.00	422 W. White St.	Clinton DeWitt	61727	7.3
5.	Mercer County Hospital 309-582-5301 0403.00	409 NW 9 th Ave.	Aledo Mercer	61231	7.3
6.	Community Memorial Hospital 618-635-2200 9572.00	400 Caldwell	Staunton Macoupin	62088	9.1
7.	Memorial Hospital 217-357-3131 9538.00	402 S. Adams St.	Carthage Hancock	62321	7
8.	Pinckneyville Community Hospital 618-357-2187 0302.00	101 N. Walnut St.	Pinckneyville Perry	62274	7
9.	Washington County Hospital 618-327-8236 9503.00	705 S. Grand St.	Nashville Washington	62263	7
10.	Eureka Community Hospital 309-467-2371 0306.01	101 S. Major St.	Eureka Woodford	61530	7.1
11.	Mendota Community Hospital 815-539-7461 9619.00	1315 Memorial Dr.	Mendota LaSalle	61342	7.4
12.	Fairfield Community Hospital 618-842-2611 9552.00	303 NW 11 th St.	Fairfield Wayne	62837	7
13.	Rochelle Community Hospital 815-562-2181 9611.00	900 N. 2 nd St.	Rochelle Ogle	61068	4.2

14.	Mason District Hospital 309-543-4431 9565.00	615 N. Promenade	Havana Mason	62644	7
15.	This line intentionally left blank				
16.	Illini Community Hospital 217-285-2113 9527.00	640 W. Washington	Pittsfield Pike	62363	7
17.	Hoopeston Community Hospital 217-283-5531 0102.00	701 E. Orange St.	Hoopeston Vermilion	60942	7.3
18.	Gibson Area Hosp & Health Services 217-784-4251 9620.00	1120 N. Melvin St.	Gibson City Ford	60936	7.3
19.	Community Med Center of Western IL 309-734-3141 8704.00	1000 W. Harlem Ave.	Monmouth Warren	61462	4
20.	Hammond-Henry Hospital 309-944-6431 0303.00	600 N. College Ave.	Geneseo Henry	61254	7.3
21.	Paris Community Hospital 217-465-4141 0704.00	721 E. Court St.	Paris Edgar	61944	7
22.	Franklin Hospital 618-439-3161 0405.00	201 Bailey Lane	Benton Franklin	62812	7
23.	Massac Memorial Hospital (pending) 618-524-2176 9702.00	28 Chick St.	Metropolis Massac	62960	7.4
24.	Abraham Lincoln Memorial Hospital 217-732-2161 9534.00	315 8 th St.	Lincoln Logan	62656	4.2
25.	Ferrell Hospital 618-273-3361 9551.00	1201 Pine St.	Eldorado Saline	62930	7.4
26.	Kewanee Hospital 309-853-3361 0309.00	719 Elliott St.	Kewanee Henry	61443	4

27.	Hamilton Memorial Hospital District 618-643-2361 9731.00	611 S. Marshall Ave.	McLeansboro Hamilton	62859	7.4
28.	Wabash General Hospital 618-262-8621 9573.00	1418 College Drive	Mt. Carmel Wabash	62863	7
29.	Hardin County General Hospital (pndg) 618-285-6634 9709.00	6 Ferrell Rd.	Rosiclare Hardin	62982	10.5
30.	Morrison Community Hospital 815-772-4003 0002.00	303 N. Jackson St.	Morrison Whiteside	61270	7.4
31.	Hopedale Medical Complex 309-449-3321 0220.00	107 Tremont St.	Hopedale Tazewell	61747	3
32.	Marshall Browning Hospital 618-542-2146 0306.00	900 N. Washington	Du Quoin Perry	62832	7
33.	Hillsboro Area Hospital 217-532-5611 9579.00	1200 E. Tremont	Hillsboro Montgomery	62049	7
34.	Sarah D. Culbertson Mem. Hospital 217-322-4321 9702.00	238 S. Congress	Rushville Schuyler	62681	7
35.	St. Joseph Memorial Hospital 618-684-3156 0104.00	2 S. Hospital Dr.	Murphysboro Jackson	62966	5
36.	St. Joseph's Hospital 618-654-7421 4036.02	1515 Main St.	Highland Madison	62249	7.1
37.	Mercy Harvard Hospital 815-943-5431 8703.00	901 Grant St.	Harvard McHenry	60033	7.3
38.	Perry Memorial Hospital 815-875-2811 9654.00	530 Park Ave. East	Princeton Bureau	61356	7
39.	Memorial Hospital 618-826-4581 9513.00	1900 State St.	Chester Randolph	62233	7

40.	Taylorville General Hospital 217-824-3331 9583.00	201 E. Pleasant St.	Taylorville Christian	62568	4.2
41.	Valley West Hospital 815-786-8484 0020.00	11 E. Pleasant Ave.	Sandwich DeKalb	60548	2
42.	Pana Community Hospital 217-562-2131 9588.00	101 E. 9 th St.	Pana Christian	62557	7.4
43.	Union County Hospital District (pndg) 618-833-4511 9504.00	517 N. Main St.	Anna Union	62906	7
44.	Crawford Memorial Hospital 618-544-3131 9803.00	1001 N. Allen St.	Robinson Crawford	62454	7
45.	Lawrence County Hospital 618-943-1000 9811.00	2200 W. State St.	Lawrenceville Lawrence	62439	7.4
46.	Salem Township Hospital 618-548-3194 9520.00	1201 Ricker Rd.	Salem Marion	62881	7.4
47.	Fayette County Hospital 618-283-1231 9508.00	650 W. Taylor St.	Vandalia Fayette	62471	7
48.	Carlinville Area Hospital 618-662-2131 9564.00	1001 E. Morgan St.	Carlinville Macoupin	62626	7
49.	Red Bud Regional Hospital 618-282-3831 9508.00	325 Spring St.	Red Bud Randolph	62278	7.3
50.	Sparta Community Hospital 618-443-2177 9506.00	818 E. Broadway	Sparta Randolph	62286	7.3
51.	St. Francis Hospital 217-324-2191 9577.00	1215 Franciscan Dr.	Litchfield Montgomery	62056	7
52.	Clay County Hospital 618-662-2131 9721.00	699 N. Stanford Ave.	Flora Clay	62839	7

NOTE: ALL OF THE ICAHN FACILITIES ARE NOT-FOR-PROFIT HOSPITALS

TRI-RIVERS HEALTH PARTNERS

1.	Swedish American Health System 815-968-4400 0012.00	1358 4 th St.	Rockford Winnebago	61104	1
2.	Freeport Memorial Hospital 815-599-6000 0011.00	1045 W. Stephenson	Freeport Stephenson	61032	4
3.	Swedish American Med. Group 815-968-4400 9617.00	220 W. Blackhawk	Byron Ogle	61010	2
4.	Swedish American Med. Group 815-968-4400 9610.00	5665 N. Junction Way	Davis Junction Ogle	61020	2
5.	Rochelle Hospital (also ICAHN) 815-562-2181 9611.00	900 N. Second St.	Rochelle Ogle	61068	4.2
6.	Swedish American Med. Group 815-968-4400 0101.00	1700 Henry Luckow	Belvidere Boone	61108	1
7.	Swedish American Med. Group 815-968-4400 0039.04	5005 Hononegah Rd.	Roscoe Winnebago	61073	1
8.	Freeport Healthcare Center 815-235-3165 0010.00	3001 Highland View	Freeport Stephenson	61032	4
9.	Freeport OT and Chiropractic 815-599-7880 0011.00	1842A S. West Ave.	Freeport Stephenson	61034	4
10.	FHN Family Healthcare Ctr. 815-938-3130 9608.00	803 First Ave.	Forreston Ogle	61030	10.5
11.	FHN Family Healthcare Ctr. 815-239-1400 0043.00	1301 Main St.	Pecatonica Winnebago	61063	2
12.	FHN Family Healthcare Ctr. 815-789-3100 0002.00	101 W. Main St.	Orangeville Stephenson	61060	5

13.	FHN Family Healthcare Ctr. 815-947-3211 0205.00	109 N. Main St.	Stockton Jo Daviess	61085	10.5
14.	FHN Family Healthcare Ctr. 815-369-3300 0003.00	160 W. Main St.	Lena Stephenson	61048	7.4
15.	FHN Family Healthcare Ctr. 815-745-2644 0201.00	606 Tisdell Ave.	Warren Jo Daviess	61087	10.6
16.	FHN Family Healthcare Ctr. 815-244-4181 9604.00	1120 Healthcare Dr.	Mt. Carroll Carroll	61053	10
17.	FHN Family Healthcare Ctr. 815-493-2831 9601.00	602 W. Olympic Dr.	Lannark Carroll	61046	10.5
18.	FHN Family Healthcare Ctr. 815-273-3323 9603.00	2107 Chicago Ave.	Savanna Carroll	61074	7
19.	FHN Family Healthcare Ctr. 815-777-2836 0203.00	300 Summit St.	Galena Jo Daviess	61036	7.3

NOTE: ALL OF THE TRI-RIVERS ENTITIES LISTED IMMEDIATELY ABOVE ARE NOT-FOR-PROFIT HOSPITALS, COMMUNITY HEALTH CENTERS, OR RURAL HEALTH CLINICS

SINNISSIPPI CENTERS (MENTAL HEALTH)

1.	Sinnissippi Ctr. – Dixon 815-284-6611 0002.00	325 Illinois Rt. 2	Dixon Lee	61021	4
2.	Sinnissippi Ctr. – Mt. Carroll 815-244-1376 9604.00	1122 Healthcare Dr.	Mt. Carroll Carroll	61053	10
3.	Sinnissippi Ctr. – Oregon 815-732-3157 9614.00	125 S. 4 th St.	Oregon Ogle	61061	7
4.	Sinnissippi Ctr. – Rochelle 815-562-3801 9611.00	1321 N. 7 th St.	Rochelle Ogle	61068	4.2

5.	Sinnissippi Ctr. – Sterling 815-625-0013 0013.00	2611 Woodlawn Rd.	Sterling Whiteside	61081	4
6.	Sinnissippi Ctr. – Amboy 815-857-3532 0008.00	37 S. East Ave.	Amboy Lee	61310	7.4
7.	Sinnissippi Ctr. – Morrison 815-772-2114 0002.00	100 E. Knox St.	Morrison Whiteside	61270	7.4

NOTE: ALL OF THE SINNISSIPPI CENTERS ARE COMMUNITY MENTAL HEALTH CENTERS

KISHWAUKEE

Kishwaukee Community Hospital 815-756-1521 0008.00	626 Bethany Dr.	DeKalb DeKalb	60115	1
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NOT-FOR-PROFIT HOSPITAL

CARLE

Carle Clinic 217-253-5231 9522.00	301 E. Southline Rd.	Tuscola Douglas	61953	7.3
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NOT-FOR-PROFIT HOSPITAL

ILLINOIS STATE UNIVERSITY

Illinois State University 309-438-7258 0002.00	Campus Box 3500	Normal McLean	61790	1
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POST-SECONDARY INSTITUTION OFFERING HEALTH CARE INSTRUCTION

BEN GORDON CENTER

Ben Gordon Center 815-756-4875 0008.00	12 Health Services Dr.	DeKalb DeKalb	60115	1
Sandwich Satellite 815-786-7544 0021.00	100 S. Latham, Ste 294	Sandwich DeKalb	60548	2

Reality House	631 S. First St.	DeKalb	60115	1
815-756-8501		DeKalb		
0013.00				

NOTE: THE BEN GORDON FACILITIES ARE COMMUNITY MENTAL HEALTH CENTERS

JANET WATTLES CENTER

Janet Wattles Center	526 W. State St.	Rockford	61101	1
815-968-9300		Winnebago		
0029.00				

Janet Wattles Center	475 Southtown Dr.	Belvidere	61008	1
815-968-9300		Boone		
0103.00				

THE JANET WATTLES FACILITIES ARE COMMUNITY MENTAL HEALTH CENTERS

- b. For each participating institution, indicate whether it is:
- i. Public or non-public;
 - ii. Not-for-profit or for-profit;
 - iii. An eligible health care provider or ineligible health-care provider with an explanation of why the health care facility is eligible under section 254 of the 1996 Act and the Commission’s rules or a description of the type of ineligible health care provider entity.

PLEASE SEE LISTING ABOVE. IN EACH SUB-SECTION, THE ELIGIBILITY INFORMATION IS PROVIDED.

3. Network Narrative:

In the first quarterly report following the completion of the competitive bidding process and the selection of vendors, the selected participant must submit an updated technical description of the communications network that it intends to implement, which takes into account the results its network design studies and negotiations with its vendors. This technical description should provide, where applicable:

THE IRHN HAS NOT COMPLETED THE ENTIRE CONTRACT PROCESS FOR ALL THE NETWORK ELEMENTS. UPDATED SHORT ANSWERS ARE PROVIDED BELOW, HOWEVER, FOR USAC’S INFORMATION. IN ADDITION, A THOROUGH DESCRIPTION OF THE UPDATED COMMUNICATIONS NETWORK WAS SUBMITTED WITH THE PREVIOUS QUARTERLY REPORT – TITLED “IRHN TECHNICAL DESIGN NARRATIVE FINAL”

- a. Brief description of the backbone network of the dedicated health care network, e.g., MPLS network, carrier-provided VPN, a SONET ring;

The IRHN is focusing on fiber-based backbone services, some fiber laterals where cost effective, and point-to-point wireless/wireline connectivity for locations where fiber is not feasible or cost effective. At this point the IRHN has identified 1000 miles

of fiber from our RFPs, all of which is under contract and much of which has been brought into service. Ciena has begun installation of network switching and terminal equipment, and our Network Operations Center, contracted with INOC, is up and running.

SEPTEMBER 30, 2011 SUMMARY UPDATE:

Contracts have been signed with the following for fiber facilities or fiber-based services:

- CMS ICN – fiber based services – 10 yrs
- Paetec – dark fiber – 20 yrs
- NIUNet – fiber based services – 10 yrs
- IMBCA – fiber based services – 10 yrs
- TriLightNet – fiber based services – 10 yrs
- Mediacom – fiber based services – 10 yrs
- DFO (DeKalb Fiber Optic) – dark fiber - owned
- G4S Adesta – dark fiber – owned
- Maplenet – point to point wireless equipment, services, installation

- b. Explanation of how health care provider sites will connect to (or access) the network, including the access technologies/services and transmission speeds;

As per our original application, we are providing 1Gbps service to locations connected via fiber, and 100Mgbs service for other locations, all speeds symmetrical. We may be offering a lower-speed and lower-priced connection, 50Mbps, for a number of locations where finances were a particular concern.

- c. Explanation of how and where the network will connect to a national backbone such as NLR or Internet2;

Internet2 connection at the Starlight POP in Chicago, 710 N. Lake Shore Drive, and eventually a secondary location at a POP at 210 N. Tucker in St. Louis.

- d. Number of miles of fiber construction, and whether the fiber is buried or aerial;

1250 miles of buried fiber will become the IRHN backbone, of which 1060 miles will be implemented by Winter, 2011/2012. Please see IRHN Fiber Contracts Summary USAC that was submitted in the December 31, 2010 Quarterly Report. All of this fiber is buried. As of March 31, the NIUNet, Paetec, TriLightNet, CMS, and Mediacom contracts have been signed, submitted to USAC, and approved. The contract with the Illinois Municipal Broadband Communications Association (IMBCA) was recently signed and has been submitted for approval.

- e. Special systems or services for network management or maintenance (if applicable) and where such systems reside or are based.

A contract with Ciena for network switching and terminal equipment has been submitted and approved. The contract with INOC for Network Operations Center services has been submitted and approved.

4. List of Connected Health Care Providers:

Five Health Care Providers are now connected to the IRHN:

- Freeport Memorial Hospital, Freeport
- FHN Family Healthcare Center, Freeport
- John and Mary E. Kirby Hospital, Monticello
- Swedish American Hospital, Rockford
- Swedish American Medical Group, Belvidere

5. Identify the following non-recurring and recurring costs, where applicable shown both as budgeted and actually incurred for the applicable quarter and funding year to-date.

The IRHN has submitted six invoices for non-recurring costs. The first invoice was for \$155,500, for Network Design and Network Engineering work for the statewide network. The work was performed by NIU Broadband Development Group. The IRHN paid 15%, \$23,325, of the invoice, and the remainder was paid by the Pilot Program. The second invoice was for \$209,906, for Network Engineering for the statewide network. The work was performed by NIU Broadband Development Group. The IRHN paid 15%, \$31,485 of the invoice, and the remainder was paid by the Pilot Program. The third invoice was for \$182,562.50, for Network Engineering for the statewide network. The work was performed by the NIU Broadband Development Group. The IRHN paid 15%, \$27,384.37, of the invoice, and the remainder was paid by the Pilot Program. The fourth invoice was for \$204,500.00, for Network Engineering and Infrastructure Deployment for the statewide network. The work was performed by the NIU Broadband Development Group. The IRHN paid 15%, \$30,675.00, and the remainder was paid by the Pilot Program.

Two more invoices were submitted to USAC in December for Infrastructure Deployment/Outside Plant. Paetec is providing dark fiber in central Illinois, and the initial invoice is for \$737,341.50. TriLightNet is providing fiber-based services in northern Illinois, and the initial invoice is for \$562,265.22.

The Paetec invoice for \$737,341.50 has been paid, as has the TriLightNet invoice for \$562,265.22. The first invoice from NIUNet has been submitted for \$367,098, and this was approved and has been paid. The initial invoice from CMS has not been received to date.

JUNE 30, 2011 UPDATE:

The second Paetec invoice for backbone was submitted to USAC and has been paid. The Paetec second invoice total was \$245,780.50.

The second TriLightNet invoice for backbone was submitted to USAC and has been paid. The second TLN invoice total was \$681,533.60.

The May 11th invoice from NIU Broadband Development Group was submitted to USAC and has been paid. This invoice was for a total of \$207,218.75.

SEPTEMBER 30, 2011 UPDATE:

The initial invoice from G4S Adesta, for \$39,689.52, has been submitted to USAC and been paid.

Paetec invoices for a total of \$462,368.38, from RFP 02, have been submitted to USAC and been paid.

The August 11 invoice from NIU Broadband Development Group for \$262,770 has been submitted to USAC and been paid.

The initial invoice for INOC for \$25,000 has been submitted to USAC and been paid.

DECEMBER 31, 2011 UPDATE:

OCTOBER:

A G4S Adesta invoice for \$200,214.52 was submitted to USAC and paid.

Paetec invoices totaling \$385,216.88 were submitted to USAC and paid.

NOVEMBER:

Ciena invoices totaling \$1,209,168.10 were submitted to USAC and paid.

A G4S Adesta invoice for \$422,632.34 was submitted to USAC and paid.

An INOC invoice for \$4,779.18 was submitted to USAC and paid.

A Maplenet invoice for \$62,500.00 was submitted to USAC and paid.

A Mediacom invoice for \$188,150.00 was submitted to USAC and paid.

An NIU invoice for \$141,386.25 was submitted to USAC and paid.

A TriLightNet invoice for \$460,015.18 was submitted to USAC and paid.

DECEMBER

G4S Adesta invoices totaling \$153,153.85 were submitted to USAC and paid.

A Paetec invoice for \$176,250.00 was submitted to USAC and paid.

- a. Network Design
- b. Network Equipment, including engineering and installation
- c. Infrastructure Deployment/Outside Plant
- i. Engineering
- ii. Construction
- d. Internet2, NLR, or Public Internet Connection
- e. Leased Facilities or Tariffed Services
- f. Network Management, Maintenance, and Operation Costs (not captured elsewhere)
- g. Other Non-Recurring and Recurring Costs

6. Describe how costs have been apportioned and the sources of the funds to pay them:

The State of Illinois budgeted \$2 million for matching funds for the IRHN. A grant agreement between the IRHN and the Department of Commerce and Economic Opportunity (DCEO) was signed, formalizing the transfer of funds to the IRHN bank account, which has occurred.

We have been working with State, federal, local, and not-for-profit organizations to identify the remaining matching funds for the IRHN and for IRHN last mile connections. A number of IRHN members have provided funding, and hospitals will also provide funds for a portion of the remainder of the 15% match.

SEPTEMBER 30, 2011 UPDATE

Almost all of the remaining match fund requirements, about 80% of the remaining million match, have been identified and committed and will be secured in the near future. This latest match funding comes from not-for-profit hospitals.

DECEMBER 31, 2011 UPDATE

The State of Illinois has informed the IRHN that the State will provide an additional \$1 million in match funding.

a. Explain how costs are identified, allocated among, and apportioned to both eligible and ineligible network participants.

Upon completion of the competitive bidding, costs will be allocated by the IRHN to health care providers connected to the network, as has been happening to date. The IRHN will contract directly with the service providers, and the IRHN will then bill health care providers for network services. The IRHN will pay the initial 15% of each invoice, and submit the invoice to USAC for the 85% reimbursement.

The IRHN paid 15% of the initial invoices, using the match funds provided by the State of Illinois.

SEPTEMBER 30, 2011 UPDATE

Several for-profit radiological entities have expressed interest in becoming connected to the IRHN. The IRHN prepared cost estimates for these entities, which will require that they pay 100% of their "fair share" to be connected to the IRHN, including the full cost of connection to the backbone and a share of the backbone cost. The for-profit entities will also be invoiced on a monthly basis for their fair share of network maintenance costs.

USAC has approved the IRHN formula and cost apportioning for two for-profit radiological entities.

DECEMBER 31, 2011 UPDATE

No change.

b. Describe the source of funds from: i. Eligible Pilot Program network participants

The IRHN has received funds from the following:

- Illinois Critical Access Hospital Network
- Illinois State University
- Northern Illinois University
- Southern Illinois University
- TriRivers Health
- University of Illinois

- Carle Hospital

The IRHN received \$2 million of the required match from the State of Illinois. The IRHN is working with two scenarios for the source of funds for Eligible participants:

- Some hospitals will be providing a portion of the matching funds.
- The IRHN expects to receive a portion of the matching funds from sources other than hospitals.
- UPDATE: These funds have been identified and have been offered by eligible entities and will soon be secured by the IRHN.
- DECEMBER UPDATE: The State of Illinois has committed to providing an additional \$1 million in match funding.

ii. Ineligible Pilot Program network participants

Any Ineligible network participants will have to pay the entirety of the fair share required to connect to their facility.

The IRHN is providing cost estimates to two for-profit health care entities, who will be required to pay their fair share. The cost apportionment has been approved by USAC.

c. Show contributions from all other sources (e.g., local, state, and federal sources, and other grants).

The IRHN anticipates receiving additional funding in the near future from health care providers and possibly state sources.

The IRHN is expecting funding from Hillsboro Area Hospital, and from additional hospitals.

i. Identify source of financial support and anticipated revenues that is paying for costs not covered by the fund and by Pilot Program participants.

The IRHN anticipates receiving funds from some of our member institutions and from other state and charitable sources to pay for costs not covered by the fund and Pilot participants. After the Pilot has been completed, the health care providers on the network will be paying a monthly fee for maintenance and for an equipment refresh fund.

ii. Identify the respective amounts and remaining time for such assistance.

The IRHN is still seeking about \$400,000 in matching funds. It is anticipated that such funding will be secured by December, 2011, and will be provided by eligible not-for-profit health care providers.

SEPTEMBER 30, 2011 UPDATE

The IRHN has identified eligible sources for the remaining \$400,000 in matching funds, and this funding will be secured in the near future.

DECEMBER 31, 2011 UPDATE

The State of Illinois has committed to providing an additional \$1 million in match funding. This will be made available prior to June 30, 2011.

d. Explain how the selected participant's minimum 15 percent contribution is helping to achieve both the selected participant's identified goals and objectives and the overarching goals of the Pilot Program.

The IRHN's 15 percent contribution, in addition to making available the Pilot Program's 85% funding, also brings local participation and buy-in to the project. The identified goals of the IRHN include connecting 85 health care providers on a high speed network, to allow the benefits of medical technology to be accessed in rural locations. Most of the IRHN member hospitals, for example, do not have adequate bandwidth to allow for quick transmittal of digital imaging. With IRHN connectivity, rural health practitioners will be enabled to receive diagnoses from specialists in distant locations, while the patient can be treated locally, with fewer requirements for time consuming and costly physical transport.

In the last six reporting periods, more specifically, the availability of match funding has allowed the IRHN to issue 9 RFPs, with one more to follow. Ten contracts have been completed, and 2 others are in final stages. A fiber backbone of over 1000 miles will be turned up in the next few months, with approximately 25 health care providers being connected to the network by spring of 2012.

SEPTEMBER 30, 2011 UPDATE

Ten contracts have been completed and signed, and two others are in final stages. Over 500 miles of fiber backbone has been activated, and 5 hospitals have been connected.

DECEMBER 31, 2011 UPDATE

Over 1000 miles of fiber backbone have been activated, 5 hospitals have been connected, and 39 locations have signed the IRHN Master Service Agreement to be connected.

7. Identify any technical or non-technical requirements or procedures necessary for ineligible entities to connect to the participant's network.

Two for-profit health care entities are interested in being connected to the IRHN. The IRHN developed cost estimates for their consideration. The cost estimates require that the entities pay the full cost of the local construction and connection to the backbone network, and also pay a portion of the backbone network usage. USAC has approved the cost apportionment.

Technically, the connections would follow the same pattern as the IRHN network.

8. Provide an update on the project management plan, detailing:

a. The Project's current leadership and management structure and any changes to the management structure since the last data report;

There have been no changes to the management structure since the last data report.

Please see the enclosed pdf: **IRHN Projects in Process updated 1/10/2012**, for a list and schedule of the connection of Health Care Providers to the IRHN for the next 18 months.

Please see the enclosed **January 3, 2012 Project Management Schedule**, for detail on the management plan.

b. Updated project schedule:

The initial RFP for the IRHN was posted June 17, 2009, and responses were due in 30 days. The IRHN evaluated the responses and picked Northern Illinois University (NIU) as the winning vendor. The contract was submitted to USAC in early November, 2009, along with the 466 Attachment and the Network Cost Worksheet.

RFP 02 for Fiber-Based Services was posted August 14, 2009, and responses were due in 45 days. However, due to requests from vendors, the IRHN allowed vendors until October 14, 2009, to respond. This was also posted on the IRHN public web site. Eleven vendors responded and were evaluated, and contracts have been signed with five vendors, with contracts pending with one additional vendor.

RFP 03 for Last Mile/Middle Mile Facilities or Services was posted December 10, 2009, with responses due in 45 days. This was also posted on the IRHN public web site. Contracts are being prepared at present. The IRHN network will utilize multiple vendors as parts of the solution, including both traditional and non-traditional providers.

RFP 04 for Selected Sites was posted April 19 and responses were due and submitted by June 11th. Five vendors have been selected, and contracts have been signed with Mediacom, G4S Adesta, DeKalb Fiber Optic, and Maplenet.

RFP 05 for Network Equipment was posted and responses were evaluated and a vendor was selected, and the contract was signed with Ciena. Equipment installation has commenced.

RFP 06 for Scattered Sites was issued and responses were evaluated and two vendors were selected. These two contracts are in final stages.

RFP 07 for Network Operations Center services was issued and INOC was selected and has signed a contract with the IRHN, and is now monitoring services on the network.

RFP 08 for New Locations was issued in early April for new health care providers who will join the IRHN to replace several entities that have postponed their connection. The vendors have been selected and contract discussions have been initiated. Amendments for selected locations have been added to the existing Paetec contract, to G4S Adesta, and to Maplenet.

RFP 09 for ISP Services was issued in August and responses have been evaluated. Contracts will be negotiated with multiple vendors. The contract with Cogent has just been completed.

RFP 10 is being prepared for an additional 25 locations, and will be issued in January. The final RFP 11 will be issued in late February.

The Year One implementation plan calls for 25 IRHN member locations to be connected by Spring, 2012, with the remaining 60 locations being connected in the following two years, completed by December, 2013. The first five locations have been connected. It is anticipated that the Pilot Program funding will allow for at least 85 health care providers to be connected, and likely the total will be about 90, which will exceed the original IRHN target.

Please see the enclosed pdf: **IRHN Projects in Process updated 1/10/2012**, for a list and schedule of the connection of Health Care Providers to the IRHN for the next nine months.

Please see the enclosed pdf: **IRHN RHC Pilot Project Schedule Jan 3, 2012**, which outlines the schedule of implementation.

Also, please see the Fiber Contracts Summary, and the IRHN 2010-2011 backbone pdf, which is a map showing the fiber backbone, each of which were submitted in prior Quarterly Reports.

9. Provide detail on whether network is or will become self sustaining. Selected participants should provide an explanation of how network is self sustaining.

The IRHN business case has been designed to be fully sustainable, with no requirement for ongoing external funding from any source.

The IRHN is using the Pilot Program funding for capital expenditures and for long-term contracts, such as Indefeasible Rights to Use (IRUs). After the implementation of the network, the hospitals will pay a relatively low monthly cost, which will pay for network maintenance and will also pay for an "escrow" type fund for equipment refresh in the future.

Prior to any health care entity being connected to the IRHN, the IRHN will develop with the individual entity the business case that governs the relationship. The business case, in general, can be summarized as follows: The Pilot Program funds will be used to establish and implement the network backbone and a portion of the last mile costs. Some hospitals will provide funding for portions of the last mile costs as well.

Monthly costs for service are currently as follows:

1 Gbps on fiber - \$1200/month

100 Mbps on fiber - \$750/month

100 Mbps on point to point wireless - \$750/month

Estimated Budget for Sustainability after Pilot Program

For each geographic and logical region, the following components are factored in:

- Backbone fiber design
 - List elements on the backbone design, with estimated cost
 - Map elements, so RFPs can be prepared
 - Compare RFP results to cost estimates
 - Modify business plan if needed
- Last Mile design
 - List possible elements of last mile design, with estimated cost
 - Fiber laterals
 - Wireless connectivity
 - Services
 - Non-Traditional
 - Map elements, so RFPs can be prepared
 - Compare RFP results to cost estimates
 - Modify business plan if needed
- Business Case
 - Source of 15% match for backbone
 - Source of 15% match for last mile
 - Revise the cost estimate for connecting each of the locations, based on RFP results

- Develop alternate plans for selected locations, if needed
- Each hospital signs off on sustainability plan for its location
 - Each location will be responsible for ongoing payment to support network maintenance and equipment refresh
- Network Implementation schedule
 - Implement backbone and last mile connectivity as the availability of the 15% match funding allows
 - Implementing of backbone and last mile connectivity will not begin until the sustainability plan has been agreed to by all parties
- Long-term contracts
 - The Pilot Program funding will be used to purchase
 - Definable assets, such as equipment or fiber or lambdas
 - Long-term services contracts, with the major cost to be paid in the first few years
 - Maintenance contracts for equipment

Sustainability:

Each member location will be responsible for a monthly payment, beginning as soon as the location is successfully connected, that will be approximately the same amount as each location is currently paying for data service. Most locations are currently using T1 lines, that provide 1.5Mgbs. The IRHN will be providing, at minimum, 100Mbps, unless hospitals negotiate for a lower speed and lower cost.

The monthly cost for fiber connectivity will be \$1200 per month, for 1 Gbps of service upstream and downstream. The monthly cost for point to point wireless connectivity will be \$750 per month, for 100 Mbps of service upstream and downstream. The monthly service charge will be used to pay the monthly cost for maintenance contracts and to build up funds for equipment refresh.

No additional funding for sustaining the IRHN will be required.

10. Provide detail on how the supported network has advanced telemedicine benefits:

The following hospitals have been connected:

- Freeport Memorial Hospital, Freeport
- FHN Family Healthcare Center, Freeport
- John and Mary E. Kirby Hospital, Monticello
- Swedish American Hospital, Rockford
- Swedish American Medical Group, Belvidere

The Freeport/FHN and Swedish American hospitals will be using the IRHN to, among other things, connect via Internet2 to the University of Wisconsin Hospital in Madison WI, to use an e-ICU critical care application for their patients in northern Illinois. Kirby Hospital is using the IRHN to connect to radiologists, for reading imaging data files. The HSHS hospitals, ten locations in Illinois, will be using the IRHN to connect at high speed from their large hospitals to their small rural locations, to allow the smaller hospitals to use the sophisticated applications available in their large hospitals.

11. Provide detail on how the supported network has complied with HHS health IT initiatives:

The IRHN is providing a minimum of 100Mbps upstream and downstream, to meet the recommended bandwidth for rural hospitals as outlined in the Health Chapter of the National Broadband Plan. The IRHN is an open-standards network, so interoperability will be good.

12. Explain how the selected participants coordinated in the use of their health care networks with the Department of HHS and, in particular, with its CDC.....

The IRHN is establishing a standards-based high speed network, with full access to Internet2 and National LambdaRail, and with access to high-speed low-cost Internet. The IRHN participates actively with the USAC and FCC processes, and has responded to the Notice for Proposed Rulemaking that the FCC issued for the Pilot Program some months ago. Note: All health care locations connected to the IRHN will be connected to Internet2, which connects to academic and government health care entities.